



*Our most important
Partner is you.*

PFCU VISA BALANCE TRANSFER FORM

Date: _____

Member Name: _____

PFCU Credit Card Number: _____

PFCU Account Number: _____

EXISTING CARD

NEW CARD

PROMO
RATE: _____

INFORMATION ON CREDIT CARD(s) TO BE PAID OFF. (IF MORE THAN 2 CARDS ARE BEING PAID PLEASE USE TWO FORMS. MEMBER'S SIGNATURE MUST BE ON BOTH FORMS.)

1.) CREDIT CARD NUMBER _____

CREDIT CARD COMPANY NAME _____

AMOUNT OF TRANSFER \$ _____

2.) CREDIT CARD NUMBER _____

CREDIT CARD COMPANY NAME _____

AMOUNT OF TRANSFER \$ _____

FULL CREDIT CARD STATEMENT MUST BE ATTACHED

MEMBER SIGNATURE _____ DATE _____

Submitted by:

Member Daytime phone number _____
 Employee name _____

FAX FORMS AND FULL CREDIT CARD STATEMENTS TO 847-675-6847

Total number of Balance Transfer forms signed _____ Total number of pages faxed _____